

PTO/SB/81 (08-03)

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INDICATION FORM**

Application Number	29/154901
Filing Date	11/30/02
First Named Inventor	ROBERT R. PEDERSON
Title	BOB'S BORDER HELPER
Art Unit	
Examiner Name	
Attorney Docket Number	MAN-03-03

I hereby appoint:



Practitioners at Customer Number:

OR



Practitioner(s) named below:

Name	Registration Number
MARY A. WHITING, ESQ.	30,601

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Firm or
Individual Name

MARY A. WHITING, ESQ.

Address

214 SLOSSON AVE

Address

City

STATEN ISLAND

State

N.Y.

Zip

10314

Country

U.S.A.

Telephone

718-448-4599

Fax

718-447-8299

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	ROBERT R. PEDERSON		
Signature	ROBERT R. PEDERSON		
Date	8-13-2003	Telephone	718-988-8791

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



Total of 2 forms are submitted.

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PTO/SB/81 (06-03)

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☐ Practitioners at Customer Number:

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☒ Practitioner(s) named below:

Name	Registration Number
MARY A. WHITING, ESQ	30,601

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<input checked="" type="checkbox"/> Firm or Individual Name	MARY A. WHITING, ESQ.				
Address	214 SIOSSON AVE				
Address					
City	STATEN ISLAND	State	N.Y.	Zip	10314
Country	U.S.A.				
Telephone	718-448-9599	Fax	718-447-8299		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	JAMES C. GICCONI, SR.		
Signature	<i>James C. Gicconi, Sr.</i>		
Date	8-13-2003	Telephone	718-603-6663

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/97 (08-03)

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ATTORNEY FOR APPLICANTS

214 SLOSSON Avenue

STATEN ISLAND, N.Y. 10314

telephone (718) 448-9599, fax (718) 447-8299

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Cover letter (2 pages)

Fax Cover letter (1 page)

Power Attorney PTO/SB/01 (8-03) for 29/154,901 signed by both applicants (2 pages)

Power Attorney PTO/SB/01 (8-03) for 29/153,798 signed by both applicants (2 pages)

Cashed cancelled checks (1 page)

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